WASHINGTON FOCUS

June 2013

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES • DIVISION OF BEHAVIORAL HEALTH AND RECOVERY

New Administration Rules for Behavioral Health Agencies

By Dennis W. Malmer, Interim Chief, Certification, Licensing, and Customer Relations

The Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR), has adopted new rules that establish administrative and program-specific standards for licensing and certifying agencies that provide chemical dependency, mental health, and problem and pathological gambling services.

The new rules are effective July 1, 2013. All behavioral health agencies must fully comply with the new requirements by September 1, 2013.

The purpose of the new rules is to streamline administrative requirements for behavioral health agencies and improve client care. An advisory group of community partners helped to develop the rules, which were shared with stakeholders and tribal leaders for review and comments prior to being adopted.

The new rules will replace the current chapters or sections of the Washington Administrative Code (WAC) which regulate chemical dependency (Chapter 388-805 WAC), outpatient mental health (WAC 388-865-0410 through 0484), and problem and pathological gambling programs (Chapter 388-816 WAC).

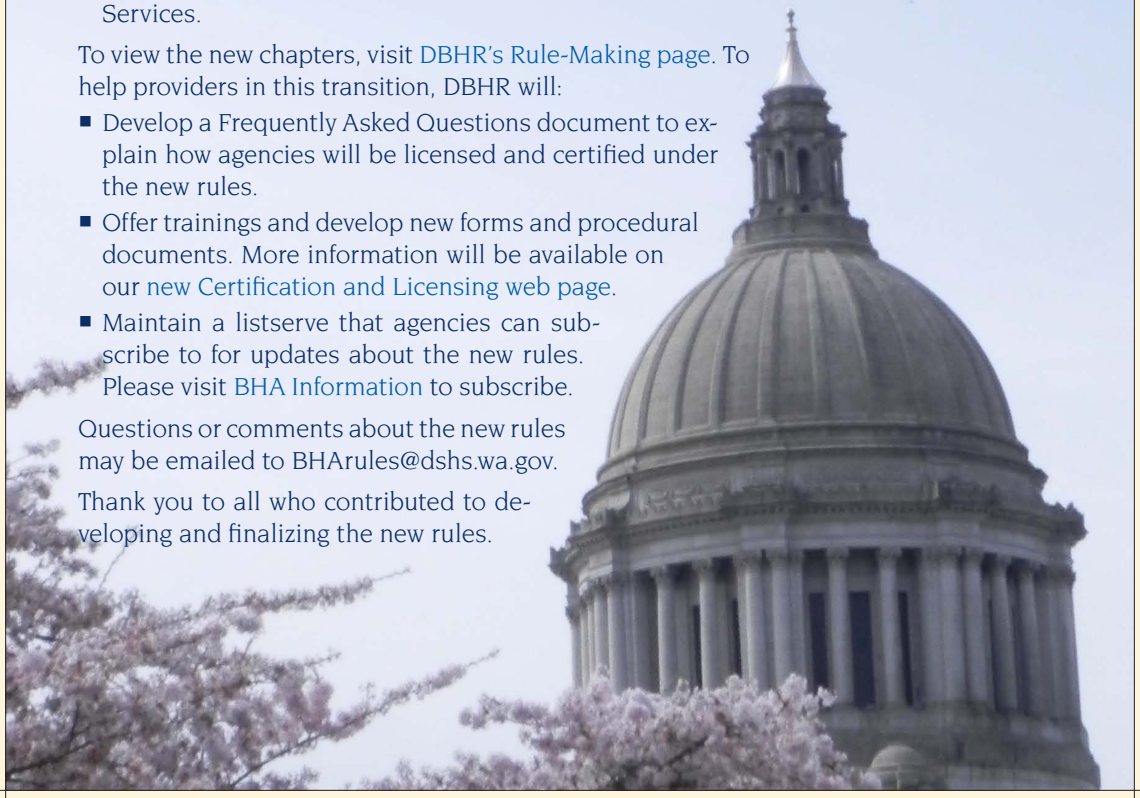
- Chapter 388-877, Behavioral Health Services Administrative Requirements
- Chapter 388-877A, Outpatient Mental Health Services.
- Chapter 388-877B, Chemical Dependency Services.
- Chapter 388-877C, Problem and Pathological Gambling Services.

To view the new chapters, visit DBHR's Rule-Making page. To help providers in this transition, DBHR will:

- Develop a Frequently Asked Questions document to explain how agencies will be licensed and certified under the new rules.
- Offer trainings and develop new forms and procedural documents. More information will be available on our new Certification and Licensing web page.
- Maintain a listserve that agencies can subscribe to for updates about the new rules. Please visit BHA Information to subscribe.

Questions or comments about the new rules may be emailed to BHArules@dshs.wa.gov.

Thank you to all who contributed to developing and finalizing the new rules.



*In*Side FOCUS

New Administration Rules for Behavioral Health Agencies ...*Feature Story*

From the Director ...*Page* 2

RSN Outpatient Services leads to Medical Cost Savings for Medicaid Clients ...*Page* 3

New Resources for SAMHSA ...*Page* 3

The Impact of Substance Abuse Treatment Funding Reductions on Health Care Costs for Disabled Medicaid Adults in Washington State ...*Page* 4

Rebecca's Story ...*Page* 5

Jason Bliss Joins Oxford House Outreach ...*Page* 5

Liquor Control Board Announces Dates for Rule-Making on Marijuana ...*Page* 5

New Legislation Session Update ...*Page* 6

New Research Project Focusing on Improving Treatment Performance ...*Page* 7

More Education Needed to Reduce Opiate Overdoses ...*Page* 8

Ann Forbes Receives Lifetime Achievement Award ...*Page* 8

Miss Washington Teaches Students About Alcohol Advertisements ...*Page* 9

Table of Contents *continued on page 2*

Table of Contents *continued*

Bringing Dental Care to Patients in Recovery ...*Page* 9

Wenatchee Youth's Anti-Bullying Effort wins Grand Prize Trip to DC ...*Page* 10

Martina Whelshula Recognized for Empowering Healthy Communities ...*Page* 10

The Role of Risk ...*Page* 11

Upcoming Events ...*Page* 11

FROM THE DIRECTOR

Chris Imhoff

Director, DSHS-ADSA
Division of Behavioral Health and Recovery

Getting the word out about the Affordable Care Act and Medicaid Expansion

The Affordable Care Act (ACA) is expected to increase access to health care for all Americans. In addition to having affordable options for private insurance, free or low-cost insurance will be available to more low-income people in Washington as the state expands access to Medicaid services and subsidized insurance benefits.

Starting October 1, 2013, Washington residents can visit Washington Healthplanfinder to find affordable health insurance options for coverage that begins January 1, 2014. This website is the ACA-compliant health benefit exchange for Washington State. It provides a single point of contact for any business, individual or family seeking health coverage. People can also apply in person for Medicaid funding at a DSHS Community Services Office.

Key information for those who need to enroll include:

- Customer service representatives will be available to assist applicants with the process.
- Based on income, people may be enrolled in Medicaid-funded health care or receive discounts to purchase their choice of commercial insurance.
- People can enroll in a medical plan by completing an on-line application.
- All plans will cover pre-existing conditions.

The following websites have more information about the new levels of coverage, eligibility, and how to enroll:

- A fact sheet from the Washington State Department of Social and Health Services: Helping Washington Families With Low Incomes Get Health Care Coverage.
- The Washington State Health Care Authority's Health Care Reform web page and Medicaid Expansion Fact Sheet.
- For levels of medical coverage available, go to http://wahbexchange.org/about-the-exchange/policy-discussion/.
- The Kaiser Family Foundation's report on Lessons from Medicaid for outreach and enrollment under the Affordable Care Act.

Using the new Washington Healthplanfinder portal will be a significant change in the way DSHS clients access services. The Health Benefit's Exchange has chosen 10 organizations statewide to help residents enroll in qualified health plans. DSHS, other state agencies, and community providers will also play a key role in helping low-income people access Medicaid funding for behavioral health services.

– *Chris*

Michael Langer selected as Chief for Behavioral Health and Prevention

I am pleased to announce that Michael Langer has accepted the position of Office Chief for Behavioral Health and Prevention, which was formerly held by John Taylor. Michael has worked in the substance abuse prevention and treatment field since 1986. He has served as president of the National Prevention Network and Vice President for Prevention of the National Association of State Alcohol and Drug Abuse Directors. Under Michael's leadership, Washington is viewed as a national leader in prevention efforts. Michael's deep experience in the field will be an asset as we prepare for the many changes related to Medicaid expansion and other aspects of health care reform.

Do you have a success story or news to share?

Send state and community news and success stories for FOCUS to:
deb.schnellman@dshs.wa.gov

Resources

DBHR website

Washington Recovery Helpline
1-866-789-1511

Suicide Prevention Lifeline
1-800-273-8255

Healthcare Professional Credentialing Requirements

DSHS Secretary
Kevin W. Quigley

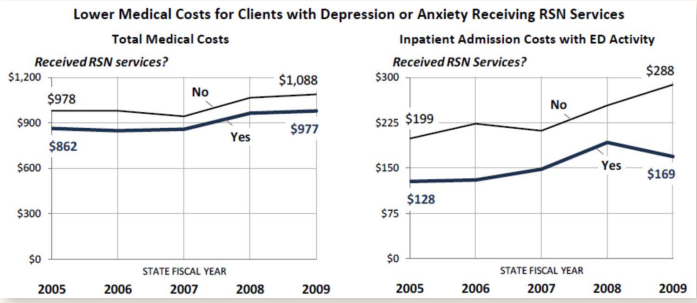
DBHR Director
Chris Imhoff

RSN Outpatient Services leads to Medical Cost Savings for Medicaid Clients

Community mental health services in Washington are provided by 11 Regional Support Networks (RSN). RSN services include outpatient, inpatient, and residential treatment; crisis and commitment services; medication management; peer support; and employment and housing supports. The RSNs mainly serve Medicaid clients who are in crisis and/or have serious mental illness. A recent study by DSHS Research and Data Analysis (RDA) compared the medical costs and risk of death for disabled Medicaid adults with mental health needs who were receiving RSN services to those who were not receiving RSN services. The purpose of this study was to see if receiving outpatient RSN services is related to lower medical costs and a lower risk of death. The study looked at disabled Medicaid clients aged 21 to 60 who received RSN services in State Fiscal Years 2004 and 2005. The clients needed to have been diagnosed with psychotic disorders (like schizophrenia); mania/bipolar; or depression or anxiety. They matched this population to similar disabled Medicaid clients who were not receiving RSN services during the same time period. The two groups were followed over a five year period to compare outcomes.

Some of the main findings from this study were:

- Disabled Medicaid adults served by the RSN with depression or anxiety have lower medical costs over a five year period compared to similar disabled Medicaid adults not served by the RSN.
- Lower medical costs for the RSN served Medicaid clients were from lower inpatient medical costs related to emergency department activities.
- The costs for RSN services for disabled Medicaid clients with mental health needs were balanced out by medical cost savings over the five year follow up period.



- Disabled Medicaid clients with anxiety and depression getting RSN services were at lower risk for death compared to similar disabled Medicaid clients not getting RSN services.
- Finding a comparison group for disabled Medicaid clients with psychotic or mania/bipolar disorder was difficult, as most of these clients are served by the RSNs. These clients served by RSNs also tend to have more severe symptoms compared to their counterparts not getting RSN services.
  - Even though these groups did not have a true matched comparison group, some findings were drawn in the study. There were lower death risks and lower emergency department inpatient medical costs for the RSN-served clients with psychotic or mania/bipolar disorders, compared to those not served by the RSN.

The findings of this study show that access to outpatient care for disabled Medicaid clients reduced overall health costs and risk for death. Had these clients not received RSN services, their outcomes would probably have been similar to their matched counterparts. If medical costs can be reduced as a result of receiving mental health treatment services, then increased access to care and better coordination of care should be the focus.

Efforts are under way to work on this task:

- DSHS and the Health Care Authority (HCA), in collaboration with the federal Centers for Medicare and Medicaid Services, are piloting a program in 2014 that studies clients who are eligible for both Medicare and Medicaid. The program will see how well the multiple health plans can manage integrated health care and support services for clients.
- Improved coordinated care efforts are also underway as DSHS and the HCA work to implement health homes across the state that provide primary medical care, treatment for substance use and mental health disorders, and long-term care services.

For access to the full report, visit http://www.dshs.wa.gov/pdf/ms/rda/research/3/39.pdf.

New Resources from SAMHSA

New Campaign Helps Parents Talk to Young Children about Underage Drinking: "Talk. They Hear You."

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently launched a national public service announcement (PSA) campaign to empower parents to talk with children as young as nine years old about the dangers of underage drinking. SAMHSA's latest report on underage drinking shows that more than a quarter of American youth engage in underage drinking.

"Talk. They Hear You." raises parents' awareness about these issues and arms them with information they need to help start a conversation about alcohol with their children before the children become teenagers. "Talk. They Hear You." features a series of TV, radio, and print PSAs in English and Spanish. The PSAs show parents "seizing the moment" to talk about alcohol and provide facts to answer those tough questions that young children may have. View more information and the toolkit.

Community Conversations About Mental Health

Resource materials to help educate and inform communities about mental health, preventing mental illness, and how to promote awareness, early identification, treatment, and recovery. View resources here.

The Impact of Substance Abuse Treatment Funding Reductions on Health Care Costs for Disabled Medicaid Adults in Washington State

Substance abuse treatment funding in Washington State has been reduced over the past four years, following a five year period of increased funding from 2005 to 2009. In an attempt to understand how the budget cuts caused by the recession affect health care services, RDA looked at the impacts on medical and nursing home costs for adult Medicaid clients getting disability-type services in Washington State.

To understand the impacts on medical and nursing home costs, RDA looked at three main time periods. The periods were the pre-expansion era in State Fiscal Year (SFY) 2003-2004; the expansion era in SFY 2005 to 2009 when funding was increasing; and the contraction era in SFY 2010-2012 when funding was reduced. During these time periods, RDA compared the costs of care for disabled Medicaid adults with a substance abuse treatment need to disabled Medicaid adults without a substance abuse treatment need.

Some of the main findings in this study were:

- The expansion era (SFY 2005-2009) saw an increase in substance abuse treatment penetration. Penetration refers to the number of persons in need of substance abuse treatment who receive treatment. During this era, the penetration rate increased by over 50%.
- The improved access to substance abuse treatment during the expansion era also saw smaller gains in medical and long-term care (nursing home) costs. The disabled Medicaid clients with treatment need had a 1.4% increase in yearly medical costs compared to the clients without treatment need with a 3.8% increase.
- The start of the contraction era (in late SFY 2009) began the decline in access to substance abuse treatment for disabled Medicaid clients. The decline in access to treatment also led to a 4.2% increase in medical and long-term care costs for this population. The Medicaid clients without treatment need saw a 2.6% decline in medical costs during this same era.

This study shows that improving access to substance abuse treatment for the Medicaid population in need of treatment is a way to control medical and long term care costs for this population. In order improve access; it is necessary to maintain funding for these efforts. The Health Care Authority (HCA) and DSHS are currently working to improve access to substance abuse treatment for disabled persons. They are working together to establish health homes for Medicaid and "dual" Medicaid/Medicare clients. The health homes will increase the identification of persons with substance use issues and match them with treatment services when necessary.

For the complete report visit http://www.dshs.wa.gov/pdf/ms/rda/research/4/88.pdf.

Below are two tables that show models run by RDA to demonstrate the impacts of the funding cuts on medical and long term care costs. The Potential (Per member per month) column shows what costs may have been had funding not been "contracted" in 2010 and 2011. The Actual column shows the true costs. RDA then calculated the differences between these two columns to estimate the total dollar savings that may have occurred had funding not been cut.

TABLE 2.
Magnitude of Upward Trend in Medical Costs for Disabled Medicaid Adults with SA Problems
All fund sources

	Potential (Per member per month)	Actual (Per member per month)	Difference Between Actual and Potential (Per member per month)	Total Member Months	Potential Excess Cost
2010	$1,155	$1,182	$27	306,185	$8.4 million
2011	$1,186	$1,285	$99	324,522	$32.0 million
2012 (9 months)	$1,129	$1,380	$251	248,449	$62.3 million
					$102.7 million

TABLE 3.
Magnitude of Upward Trend in Nursing Home Costs for Disabled Medicaid Adults with SA Problems
All fund sources

	Potential (Per member per month)	Actual (Per member per month)	Difference Between Actual and Potential (Per member per month)	Total Member Months	Potential Excess Cost
2010	$55.35	$56.55	$1.21	306,185	$0.4 million
2011	$49.33	$52.43	$3.10	324,522	$1.0 million
2012 (9 months)	$50.95	$58.51	$7.56	248,449	$1.9 million
					$3.3 million

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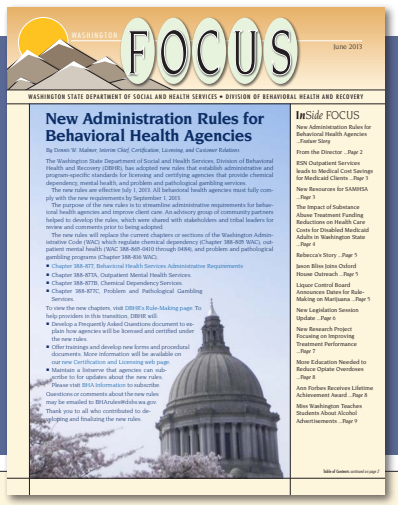
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To continue bringing you useful information in FOCUS, let us know what matters most to you. Send comments and articles to Deb Schnellman at deb.schnellman@dshs.wa.gov.

Recovery Happens

Rebecca's Story

At 53 years old I am finally beginning to think I have a purpose. At 14 years old I began drinking, smoking pot and cigarettes all on the same day. For the next few years, I don't remember being without one of these substances. I moved quickly to hallucinogens, and when I was out of everything else I would huff aerosol cooking spray.

I worked all through high school and began dating the local drug dealer, who was 12 years older than me. Money was never an issue - the bills were paid and I had a nice car. I managed to graduate high school.

I was expected to go to college (because I was the smart one in the family). I didn't feel like I belonged there and all I learned was how to get loaded and pick up guys. I had no regard for the money my mom paid for my schooling, and I continued to use my boyfriend for money and drugs. With college a failure, I got married in an attempt to live a normal life.

When I hit 21 we got divorced and I went to work in a bar where I fit in perfectly. From then on I always worked in places that served alcohol. I always had a job and a home, and raised my kids (with a lot of help from my mom). After my kids were raised and gone I thought I had freedom, and what freedom meant to me was being able to party nonstop.

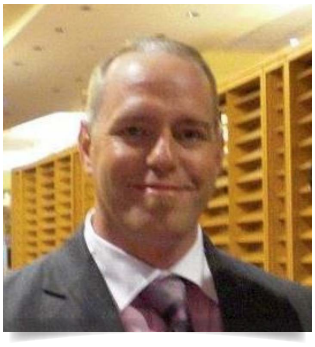
I discovered methamphetamine at 48 years old and it was the fast track to hitting bottom. In the midst of all the insanity, my new boyfriend called me an addict. I was appalled! In the hope of saving our relationship I got myself to inpatient treatment where I learned about addiction. Even though I had been drinking or using drugs nonstop, I honestly didn't know I had a problem. I thought I always got the short end of the stick. I stayed sober for 14 months but when the emotional pain got too great and I didn't know how to handle it, I went back out.

My relapse took me to dark places and I turned into the kind of person I swore I could never become. I was arrested in 2010 for three felony charges and then released. Of course I missed my court dates and ran until I couldn't run anymore.

The good news is that something happened when I went back to jail. I was given the gift of surrender, and from that, the rest was fairly easy. I was offered drug court for two of my felonies and avoided prison. I have gone through a lot of pain – physical, emotional and mental – and have also had many wonderful and caring counselors on my journey.

I graduated from intensive outpatient last August. I am now seeing a therapist who is helping me with mental and emotional issues. Although I am dealing with major depression, I have tools and people to help me through it. Removing the drugs and alcohol was only skimming the top of my behaviors. I am learning to deal with emotions and people, and I think I'm going to make it!

Jason Bliss Joins Oxford House Outreach



Jason Bliss was recently hired as the 6th Oxford House Outreach Representative located in the Tri-City area. He will be a positive addition to our team. Jason shares the following about his recovery journey and the role Oxford House played:

"Subconsciously I had given up on the notion that I would ever remain clean and sober. I thought I would just use drugs until it killed me. Fortunately for me, I was arrested and that never happened. After 15 years in and out of recovery, I decided to enter inpatient treatment for the second time.

I had tried to attack my addiction from every possible angle - I was convinced that I could beat that monster. After all these years I finally surrendered and was ready to make a change. I went to inpatient treatment for 28 days, graduated, moved into an Oxford house, attended 90 meetings in 90 days, and attended nine months of outpatient/relapse prevention.

I was given some great tools in treatment and the people in my Oxford House offered me the best support system in the world. Without the steps I took I am convinced I would be dead or in prison for the rest of my life. Rehabilitation was good but the people I lived with in the Oxford Houses helped save my life. They offered me love and support when I was trying to figure out how to love myself.

Today I am very grateful for the life, friends and co-workers I have in sobriety. I fight hard for those wanting to find a new way to live, just as many others fought hard for me. My life continues to be richly rewarded by the service work I do in the recovery field."

Liquor Control Board Announces Dates for Rule-Making on Marijuana

The Washington State Liquor Control Board (WSLCB) is drafting rules that, together with Colorado, will govern the world's only comprehensive systems of growing, processing and retailing marijuana for recreational use. The WSLCB has issued the following upcoming dates for filing the draft rules:

July 3, 2013 – Board files official draft rules (CR 102) with the state Code Reviser.

August 7, 2013 – Public hearing on draft rules.

August 14, 2013 – Board adopts rules.

September 14, 2013 – Effective date for rules.

September 14, 2013 – WSLCB begins accepting applications for all license types.

December 1, 2013 – Rules are complete (as mandated by law). Begin issuing Producer, Processor and Retail licenses to qualified applicants.

Any changes to these timeframes will be communicated via the WSLCB Listserv and Twitter. For more information, visit liq.wa.gov/marijuana/I-502.

2013 Legislative Session Update

The regular session of the 2013 Legislature produced important legislation that will impact the Department of Social and Health Services. The following summarizes bills specific to the state Division of Behavioral Health and Recovery services and providers. The following bills have been signed into law.

ESHB 1519 & 2SSB 5732 – AMD

Requires the Health Care Authority and the Department of Social and Health Services to develop performance measures and outcomes to incorporate into their contracts with service coordination organizations. The terms "service coordination organizations" and "service contracting entities" are defined as entities that arrange for a comprehensive system of medical, behavioral, or social support services. The term specifically includes regional support networks, managed care organizations that provide medical services to medical assistance clients, counties that provide chemical dependency services, and area agencies on aging that provide case management services.

By July 1, 2015, the Health Care Authority (Authority) and the Department of Social and Health Services (Department) must include outcomes and performance measures in their contracts with service contracting entities. The outcomes include:

- improvements in client health status;
- increases in client participation in meaningful activities;
- reductions in client involvement with the criminal justice system;
- reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails and prisons;
- increases in stable housing;
- improvements in client satisfaction with quality of life; and
- reductions in population-level health disparities.

SHB 1376

Changes requirements relating to mandatory training in suicide assessment, treatment, and management. Beginning January 1, 2014, the following health professions must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements:

- certified counselors and certified advisors;
- certified chemical dependency professionals;
- licensed marriage and family therapists, mental health counselors, and social workers;
- licensed occupational therapy practitioners;
- licensed psychologists; and
- persons holding a retired active license in any of the affected professions.

The first training must be completed during the first full renewal period after initial licensure or June 7, 2012, whichever is later.

HB 1404

A person under the age of 21 years who is in need of medical assistance as a result of alcohol poisoning or is acting in good faith when seeking medical assistance for someone else experiencing alcohol poisoning is exempt from being charged with a minor in possession (MIP) offense if the evidence obtained for the offense was a result of needing or seeking medical assistance.

ESSB 5153 – AMD

Regional Support Networks (RSNs) must jointly develop a uniform transfer agreement to govern the transfer of clients between RSNs. The uniform transfer agreement must be submitted to the Department of Social and Health Services (DSHS) by September 1, 2013. DSHS must establish guidelines to implement the agreement by December 1, 2013, and may modify the agreement as necessary to avoid impacts on state administrative systems.

SSB 5282 – AMD

The Department of Licensing must convene a workgroup with DSHS, Washington State Patrol, and representatives of RSNs and superior courts to create a proposal for consolidation of statewide involuntary commitment information for the purpose of accurate and efficient verification of eligibility to possess a firearm. The workgroup must make recommendations as to privacy protections and whether access may legally be provided to designated mental health professionals (DMHPs) and law enforcement officials for use in the official course of their duties. The workgroup must report its recommendations by December 1, 2013. By August 1, 2013, all RSNs must forward historical mental health commitment information to DSHS. As soon as feasible, the RSNs must arrange to report new commitment data to DSHS within 24 hours.

SSB 5456 – AMD

A Designated Mental Health Professional (DMHP) must consult with an examining emergency room physician, if any, when making detention decisions under the ITA, and take serious consideration of the observations and opinions of the physician. The DMHP must document this consultation, including the physician's observations and opinion regarding whether detention is appropriate. A DMHP who conducts an evaluation for imminent likelihood of serious harm or imminent danger due to grave disability must also evaluate the person for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.

ESSB 5480 – AMD

In 2010, the Legislature passed 2SHB 3076, which expanded the criteria for involuntary civil commitment. It provided, in part, that civil commitment would be permissible when a designated mental health professional determines that the person under investigation who has refused voluntary treatment exhibits symptoms or behavior which standing alone would not justify civil commitment, but:

- such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
- these symptoms or behaviors represent a marked and concerning change in the baseline behavior of the respondent; and
- without treatment, the continued deterioration of the respondent is probable.

The effective date of the sections of 2SHB 3076 yet to be enacted is accelerated from July 1, 2015, to July 1, 2014.

E2SHB 1114 – AMD

Modifies procedures and standards for involuntary commitment of persons who have been deemed incompetent to stand trial for violent felonies. Provides additional notification and review requirements for release of certain involuntarily committed people.

ESSB 5551

DSHS must reimburse a county for the cost of appointing an expert to complete a competency evaluation for a defendant in jail if DSHS does not meet its seven-day performance target for the timeliness of competency evaluations in jail for at least 50 percent of defendants in the county during the most recent quarter, as determined by DSHS's most recent quarterly report or confirmed by records maintained by DSHS. The expert must be appointed from a list of qualified persons assembled with the participation of prosecutors and the defense bar in the county.

ESHB 1336

Increasing the capacity of school districts to recognize and respond to troubled youth.

- Requires school counselors, psychologists, social workers, and nurses to complete a training program in youth suicide screening and referral as a condition of certification.
- Directs that recognition, initial screening, and response to emotional or behavioral distress in students be included in an Issues of Abuse course required of all educators.
- Requires each school district to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, beginning in the 2014-15 school year.
- Establishes a temporary task force to identify best practices for school districts to develop partnerships with community agencies to support youth in need.
- Directs the Department of Social and Health Services to provide funds for mental health first-aid training targeted at teachers and educational staff, if funds are appropriated for this purpose.

For the latest legislative updates, visit www.leg.wa.gov.

New Research Project Focusing on Improving Treatment Performance

By Kevin Campbell

A high proportion of people seen in detox or residential settings fail to receive timely treatment for substance use disorders, or follow-up after they are discharged. In outpatient settings, some who start treatment may have difficulty engaging in treatment. To help address these problems, the Division of Behavioral Health and Recovery (DBHR) is currently working with researchers at Brandeis University on a grant funded by the National Institutes of Health to examine the impact of financial incentives and client-specific alerts on agency performance. Agency performance refers to the percent of clients receiving recommended levels of services in a timely fashion.

Starting in the fall and continuing for 18 months, treatment agencies will be randomly assigned to receive one, both, or neither of these interventions. For agencies providing outpatient/intensive outpatient, detoxification, or residential treatment that are randomized into the alerts arm of the study, weekly alerts will provide them with a list of clients who have not received the recommended levels of services, along with information to help meet performance goals. For agencies randomized into the incentive arm of the study, financial incentives will be awarded based on an agency's achievement of benchmark levels of performance or on the agency's degree of improvement.

The study will address the following four questions:

- Does offering incentives only, or providing client-specific alerts only, lead to improved agency performance and client outcomes?
- Do client-specific alerts, in combination with incentives, lead to additional improvement in agency performance and client outcomes beyond that of incentives only or alerts only?
- Is there a differential impact of incentives only, alerts only, or incentives plus alerts on agency performance by subpopulations (e.g., racial/ethnic minorities and rural clients)?
- Are there client and agency-level factors associated with agencies' ability to achieve and maintain good performance?

The research team presented at the last three Systems Improvement Workgroup (SIWG) meetings. At those meetings the team described the performance measures and worked with providers in developing the alert format and the methods for calculating incentives based on performance. Provider feedback from these meetings and from two provider surveys was incorporated into the study design.

The interventions will begin on October 1, 2013. In late August or early September, agencies will be notified about their group assignment (i.e., control group, incentives-only group, alerts-only group, or incentive and alerts). We will be providing detailed information on the project at the Co-Occurring Disorders and Treatment Conference on September 16 and 17. We also plan to conduct online webinars on other days in September.

We are excited about the potential for this project to improve care for substance abuse treatment clients across the State, and look forward to working with agencies as the project proceeds.

Kevin Campbell is a Research Manager for DBHR. For questions about this initiative, contact Kevin at CampbKM@dshs.wa.gov or (360)725-3711, or Andrea Acevedo, aacevedo@brandeis.edu or (781)736-8657.

More Education Needed to Reduce Opiate Overdoses

By Caleb Banta-Green, MSW, MPH, Ph.D., Alcohol and Drug Abuse Institute, University of Washington

Washington communities are seeing epidemic levels of overdoses from prescription opioids and heroin. Prescription opioids are commonly known as methadone, OxyContin, or Vicodin. There are now more deaths in our state from overdoses than from car crashes. The largest group of people entering treatment for prescription abuse are between the ages of 18 and 24. And 18-29 year-olds are the largest group entering treatment for the first time for heroin across the state.

Opiate overdoses, from heroin or prescription painkillers, are all preventable and most can be reversed before they can become fatal. Learning how to prevent and intervene in an overdose should be shared with anyone who uses opiates, or is around others who do. This information is available online at www.stopoverdose.org.

The Stop Overdose website was developed by the University of Washington's Alcohol and Drug Abuse Institute to:

- Disseminate information about the 911 drug overdose Good Samaritan law.
- Provide self-directed overdose education.
- Answer frequently asked questions about overdose.
- Help locate the opiate antidote naloxone in communities across Washington.
- Provide education for prescribers and pharmacists.
- Provide information to law enforcement (including a training video produced by the Seattle Police Department).
- Share evaluation data about the law.

Causes of overdose

The majority of drug-caused overdoses involve opioids, such as heroin and prescription painkillers. A small 2005 study of prescription opiate deaths found that half had a legitimate medical source and half did not. A person can overdose on opiates whether they are being used for pain relief, for addiction treatment (such as Methadone), or for other reasons.

Combining opiates with medications, alcohol or other drugs substantially increases the risk of overdose. More than two-thirds of fatal opiate overdoses involve several other drugs. The risk can be reduced by not combining drugs, and by using less.

Using heroin is dangerous because the purity levels are unknown. Recent data shows a dramatic increase in new heroin users, with the largest growth among those who are under 30 and living outside of major metropolitan areas in the state.

Recognizing an overdose

Most of the time, other people are present during an overdose, and several hours pass from when an overdose begins to when a person dies. This window of opportunity allows anyone with the basic education to recognize an overdose and intervene.

During an overdose a person's breathing slows down and eventually stops. Signs of this include the skin turning blue, difficulty breathing or a gasping/gurgling sound. Try to wake a person up by rubbing your knuckles on their chest bone. If you can't wake them up, assume they are having a serious overdose.

Intervening in an overdose

The following is a brief summary of the instructions found at www.stopoverdose.org:

1. Call 911 and tell them someone isn't breathing. This will get you the quickest response by the highest level of medically trained paramedics. The 911 Good Samaritan Overdose law protects those who call for medical aid, and overdose victims, from prosecution for drug possession. Read more on the Law Enforcement tab of www.stopoverdose.org.
2. Give rescue breathing to keep the person alive and prevent brain damage. Unless a person's heart has stopped, do not give chest compressions.
3. Administer naloxone (the opiate antidote). Learn how to use it and where to get it on the Naloxone page of the web site. Naloxone lasts less than 90 minutes, so a person still needs to be carefully observed for many hours following an overdose. This is especially true if they've taken a high dose of opiates or a long-acting opiate such as OxyContin or methadone.

In Washington State, Medicaid will reimburse for take-home Naloxone. This is an antidote for opiates, also known as Narcan. It can be administered intra-nasally or intra-muscularly. It is a prescription medicine, but not a controlled substance. It cannot be abused. While most pharmacies do not yet stock naloxone, you can share information with them from the website about how they can make naloxone available.

A common concern is that having naloxone available will increase opiate use, but research from San Francisco does not support this. Naloxone causes rapid opiate withdrawal and makes a person feel very ill. While it is not dangerous, it is not something anyone would seek to experience.

People sometimes focus on Naloxone as the major part of overdose training and intervention. While it is very helpful to have, people can save a life by simply knowing how to prevent, recognize and intervene in an overdose. Overdose education is important even when Naloxone is not available in your community. See FAQ's on the website.

Preventing an overdose

Not using opiates is the most obvious way to prevent overdose, however there are many reasons people continue to use opiates whether for medical reasons such as pain or drug treatment, or because they are addicted. Medication-assisted treatment with methadone of buprenorphine/Suboxone is proven to be a life-saving form of drug treatment, but can be an overdose risk for a patient or their household members. Given that many will continue to use opiates, how do we lessen the chances of an overdose?

A major cause of overdose is an interruption or change in tolerance. For instance, a person who leaves medication-assisted treatment, residential treatment, jail or a hospital, and returns to opiate use after a period of non-use (even a few days), is at increased risk for overdose. If someone returns to using opiates, they need to use a much lower dose and follow the other prevention measures on the website.

Given that opiate addiction is expanding across the state and is often a life-long struggle, there is a huge need for widespread overdose prevention education. Take a few minutes to learn about opiate overdose, and share the information with others.

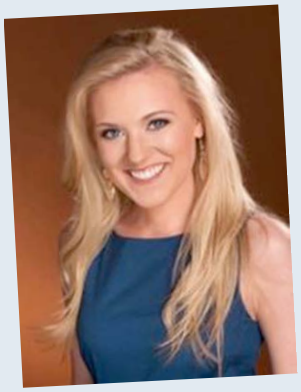
Ann Forbes Receives Lifetime Achievement Award

Ann Forbes, founder and former Executive Director of the Alcohol/Drug 24-Hour Help Line, received a Lifetime Achievement Award at the 2013 Warm Beach Retreat. She received a long and heart-felt standing ovation from over 250 colleagues, family members, and friends attending the conference.

Not one to sit still, Ann has been enjoying retirement by spending time with her three children, four grandchildren, and two great grandchildren. She has also taken a cruise ship to Alaska, attends Mariner baseball games, goes snowmobiling and golfing and spends time at the ocean. She hopes to find time to catalog over 5,000 pictures of former volunteers and another 10,000-plus of family pictures to label and organize on her computer.

Ann's ever wise advice to everyone, "wishing you all lots of success in your careers, please take time to build great friends in our field, but do enjoy the day you are in at all times."

Miss Washington Teaches Students About Alcohol Advertisements



What if you were offered a product that would make you seem more attractive to others? A product that will help you be more outgoing and free spirited in social settings? What if these products promise carefree entertainment without consequences? Would you be interested? Would teens?

Tobacco and alcohol companies have been making such promises for decades, and this year, ESD 113 in partnership with Miss Washington and local Students Against Destructive Decisions (SADD) clubs are taking a stand. A growing body of research is showing that the more young people are exposed to alcohol and tobacco advertising, the more likely they are to use these substances themselves. Alcohol and tobacco companies take advantage of this fact and specifically target young people in their ads. Media literacy is an effort to infom youth of how media is developed to influence their choices and to give them tools to fight back.

ESD 113 has been awarded a grant to present the advertising awareness literacy model to 7th, 8th, and 9th grade students across the region. Mandy Schendel, Miss Washington 2012, has already presented to students at Rainier High School and Elma High School and is slated to present to several other schools. Mandy will also be training and mentoring SADD students at Rainier High School and Tenino High School to deliver the presentation to other youth in their school districts. The clubs will also work to identify media messages in their community. Upon completion of the project, the youth intend to present their findings a the Spring Youth Forum.

Funding for the project is provided by the Washington Coalition to Reduce Underage Drinking (RUaD) and the DSHS/ Division of Behavioral Health and Recovery using the state's federal Enforcing Underage Drinking Laws funding.

For more information about ESD 113's media literacy trainings, contact Erin Riffe, Behavioral Health and Student Support Program Administrator, (360) 464-6849 or eriffe@esd113.org.

Bringing Dental Care to Patients in Recovery

Spokane Nonprofit Partners with Oxford House and Local University

By *Georgia Butler*

After decades of assisting patients in recovery find quality childcare, nonprofit Community-Minded Enterprises was tasked with finding a way to provide dental services to people in recovery. After some serious brainstorming and more than a few meetings with the state Division of Behavioral Health and Recovery (DBHR) and Oxford House, Recovering Smiles was born.

The project, now in its pilot phase, is designed not only to improve the oral health of patients in recovery, but to give them confidence in their appearance as they seek meaningful employment. It is open to men and women living in Oxford Houses in Spokane, and our faith based partner ROAR (Reaching out Advocating Recovery).

The program officially got off the ground in April with seed money from DBHR's Access to Recovery program, and Empire Health Foundation at the local level. Dental services are provided by Eastern Washington University's (EWU) Dental Hygiene Program.

To make access easy, potential patients attend an orientation onsite hosted by Community-Minded Enterprises. Patients are screened by EWU dental hygiene students. They're also shown a video with details on what to expect during their first visit.

"We know patients in recovery can be anxious about going to the dentist. The video helps alleviate some of those fears and puts them at ease," said Georgia Butler, Project Coordinator. "Recovering Smiles is the start to oral health care."

Patients are asked to contribute a $5.00 copay. While small, the copay gives participants a sense of ownership and increases the likelihood they will follow through and attend an appointment.

The services provided by the EWU Dental Hygiene Program are limited to periodontal care, which includes some or all of the following:

- Comprehensive exam
- Three levels of cleaning
- Fluoride treatment
- X-rays
- Sealants
- Fillings

Having the work done by EWU Dental Hygiene students keeps the cost down (about 75% less than a private dental office) while providing excellent care. In addition it gives students a chance to see and experience more challenging cases. "It is a win-win," said Rebecca Stolberg, Department Chair of EWU's Dental Hygiene Program. "We are thrilled to be part of this program."

"We asked and the program was born," said Stacie Hatfield, Outreach Services Representative with Oxford House. "Recovering Smiles seeks to serve 100 people in the first year."

For more information contact Georgia Butler, Recovering Smiles Project Coordinator, at smiles@community-minded.org or www.community-minded.org.

Wenatchee Youth's Anti-Bullying Effort wins Grand Prize Trip to DC

A group of young women from Wenatchee shared their efforts to prevent bullying in their schools and community and won the Grand Prize at the 2013 Spring Youth Forum - a $3,000 partial scholarship to an upcoming prevention leadership conference in Washington, DC.

The group competed against 40 other youth teams who won scholarships to the Spring Youth Forum at the Great Wolf Convention Center. The groups shared their efforts to fight drugs, alcohol, tobacco, bullying, suicide, gang violence and other destructive behaviors in their schools and communities in a daylong competition for prizes.

Now in its fifth year, the Washington Prevention Spring Youth Forum is presented by the Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery with support from the Washington Attorney General's Office. The primary goals of the Forum are to:

- Recognize and reward youth prevention teams that implement successful projects in their communities.
- Showcase prevention projects that were considered, created and shaped by youth leaders during and following previous Prevention Summits or other youth trainings.
- Give students from across the state an opportunity to learn from one another
- Gather success stories to share with future groups to encourage sustainability of their programs.

Peer teams and adult judges assessed presentations from 41 teams in five categories: innovation, sustainability, impact, presentation style and professionalism and collaborations and partnerships.

The top teams from each room then presented their projects to all Forum attendees. Teams received gift cards for receiving the highest score in their room or a category.

Along with the Wenatchee Youth Coalition, the top teams from each room were:

- **The Darrington Youth Coalition**, whose Step Up Campaign is an on-going project that targets alcohol and marijuana abuse as well as bullying;
- **The Maple Valley Youth Council**, who created an instructional video and poster contest in South King County to emphasize the dangers of problem gambling;
- **Quincy Youth Action**, who developed the "Family Fun in the Park" project to provide fun, safe, positive activities for youth in Quincy;
- **Granite Falls "Be the Change" Youth Coalition**, who worked to prevent destructive behaviors by emphasizing youth can make one choice to change a life;
- **Whatcom Prevention Coalition's Making a Difference (M.A.D.) team**, who engaged community members and leaders to fight suicide in Whatcom County;
- **Wahki' Hi' Prevention**, who put eighth-grade students through a three-day "prevention boot camp," where high school students reinforced positive behaviors and provided tips on how to enjoy a successful high school experience.

CATEGORY WINNERS INCLUDED:

- **White Swan Dream Makers**, the 2011 Grand Prize winners, who won this year's Sustainability award for their continued work to address destructive teen behaviors. This year's "Know the Facts" project was designed to raise awareness of the dangers of underage marijuana use;
- **Dayton High School SHEO** (Students Helping Each Other) Club, who won the Innovation award for their two-day Spring Into Action regional high school conference, developed in collaboration with the Maple Valley Youth Council, featuring guest speakers and youth workshop presenters;
- **Making a Change in Sequim**, who won the Collaboration award for their summer food program, where they partnered with the City Council, Boys & Girls Club, Sequim Food Bank, Sequim School District and the County Commission to address the rising rates of reduced lunches in their school district.
- **Southeast Asian Young Men's Program**, the 2012 Grand Prize winners, who won the 2013 Professionalism award for their presentation on their latest film project, designed to prevent gangs in SE Asian American communities; and
- **Lincoln YLC**, who won the Impact award for their campaign to stop dating violence.

More information about all the teams can be found at www.springyouthforum.org.

Martina Whelshula Recognized for Empowering Healthy Communities

Dr. Martina Whelshula was recently recognized by the Washington State Public Health Association as a 2013 Health Champion for Empowering Healthy Communities.

Dr. Whelshula has positively impacted communities around the state by educating parents and children about adolescent chemical dependency. A member of the Arrow Lakes Nation of the Colville Indian Reservation, Dr. Whelshula is the Executive Director of The Healing Lodge of the Seven Nations, a nonprofit adolescent chemical dependency treatment center in Spokane Valley. Its services focus on the needs of Native American populations but are open to all adolescents.

Healing Lodge provides a safe environment where youth enjoy activities that go beyond education about addictions. Dr. Whelshula incorporates elements of youth empowerment in the residential program to enhance academic skills through experiential learning, a proven education model for minorities. Through outreach and aftercare programs, Dr. Whelshula connects youth and counselors with courts and probation officers. In doing so, she helps youth to change the direction of their lives and promotes their achievement of a healthy lifestyle in the greater community. Under her leadership, Healing Lodge has achieved a relapse rate of only 23% – much lower than the national relapse rate of 90%. Youth from the Healing Lodge can truly begin anew as they return to their home communities with a new outlook for the possibilities open to them. In addition, Dr. Whelshula has made an impact nationally for her work related to brain development in early childhood learning and dealing with childhood trauma.

Upcoming Events Click here for more training resources.

NATIONAL RECOVERY MONTH
Join the Voices of Recovery – Together on Pathways to Wellness. During Recovery Month, join in spreading the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective, and people recover. Download fact sheets and toolkits for raising awareness in your community, and register your events.

8-14 NATIONAL SUICIDE PREVENTION WEEK

16-17 CO-OCCURING DISORDERS CONFERENCE
Yakima

NATIONAL SUBSTANCE ABUSE PREVENTION MONTH

7-13 NATIONAL MENTAL HEALTH AWARENESS WEEK

18 WASHINGTON STATE DRUG COURT CONFERENCE
Tukwila

18 NATIONAL ABOVE THE INFLUENCE DAY

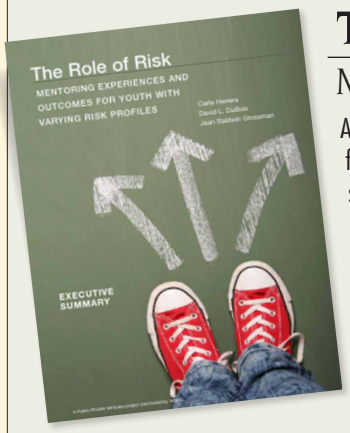
20-22 WASHINGTON STATE PREVENTION SUMMIT
Yakima

23-31 RED RIBBON WEEK

9-13 TREATMENT OF OPIOID DEPENDENCY NATIONAL CONFERENCE
Philadelphia

15 GREAT AMERICAN SMOKE OUT

Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, email deb.schnellman@dshs.wa.gov, or call 360-725-3763.



The Role of Risk

Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles

A new report, The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles, presents results from the nation's first large-scale study to examine how youth's levels and sources of risk may influence mentoring relationships and the benefits from participating in mentoring programs. The study involved more than 1,300 youth from seven programs serving young people in Washington State.

The study looked closely at the backgrounds of participating youth and their mentors, the mentoring relationships that formed, the program supports that were offered, and the benefits youth received – and examined how these varied for youth with differing levels and types of risk.

One of the findings indicates that having the guidance of a caring adult mentor may help youth overcome symptoms of depression. Our data showed that one in four of our 9-14 year old subjects experienced severe symptoms of depression.

"We worked with one boy who struggled with depression and anxiety. For almost an entire school year, his mother could not get him to go to school or even leave his room. The only time he left the house was to go on outings with his mentor. After many months he finally returned to school, and recently hosted a birthday party with eight friends," said Jennifer Conston, a mentoring program manager at Volunteers of America, and partner in the study.

The following letter was written by the boy's mother:

When my son was 11, he had the good fortune to be provided a mentor through the Volunteers of America's Mentoring Children of Promise program. His father was in a state correctional facility. Always a shy child, he had become withdrawn, sad, and disconnected after he lost his father. I know my son is intensely interested in the world around him, loves science and technology, and has a wicked sense of humor. But he allowed few others to see what a fabulous kid he is. He was closed down emotionally.

When his mentor, Mark, came on the scene, it was obvious they were kindred spirits. They share many interests, enjoy similar things and Mark's humor is spot-on for my son. But more importantly, Mark provides something my son desperately needs – a man who is there for him, no matter what.

It is not easy to be my son's friend. He does not express gratitude frequently; he does not give hugs or even high-fives, and he tends to let friendships die. It takes a person of exceptional strength and maturity to hang in there with my son. His mentor is that kind of person. He refuses to let my son push him away, and he is teaching him that not every man goes away.

At 17, my son's struggles are by no means over. He has some ongoing depression and anxiety. He has trouble going to school. He continues to isolate himself. But Mark remains in regular contact. When they go out, my son comes back relaxed and smiling. For a while he has forgotten to be that withdrawn, sad kid he often can be.

I believe that my son will come through these tough years and realize that he has been so incredibly lucky to have a friend like Mark. And that he is a person worthy of that loyal friendship, a young man who can receive, and some day give, that amazing gift of concern for others. If that happens, and I believe it will, it will be in large part thanks to the Mentoring Children of Promise program.

For more information about the Children of Promise program, contact Jennifer Conston at jconston@voaww.org.